Complaint Form

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ess:	Soc. Sec. #:	
	Phone #: ()	
1. How and when did you firs	t learn about this opportunity?	
Date:/ Pla	ace:	
2. Who made the offer to you	1?	
Namo :		
Address:		
Phone Number: ()		
Phone Number: ()		
Phone Number: ()		
3. Was the person representi	ng a Broker, a Dealer, or another entity?	
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5. Generally, what was said about the investment to persuade you to invest?

б.	When and where was each meeting held and who was present?	
7. 1	Did you actually make the purchase? (Circle One) YES NO Date:/ Where:	
7. 1		
7. 1	Date:/ Where:	
7. 1	Date:/ Where:	
8 . nee:	Date:/ Where: Amount Paid: \$ Paid to Whom: How was payment made? Cash Check Note	
8. nee:	Date:// Where:	
3. nee:	Date:/ Where:	
8. nee:)	Date:/ Where:	

10. Did the seller tell you, or lead you to believe, anything that later turned out to be untrue? Explain:

11. Portar	Did the seller fail to tell you anything which later turned out to nt fact? Explain:	be an
_		
	Did you receive any documents or receipts as proof of your investments YES NO If so, what did you receive?	ent?
V	When?	
13. ase s	Were there any other representations made to you after the investmespecify:	ent? If
14. _	What has happened with your investment after the purchase?	
15. ns?	Have you been repaid any of your investment? If so, by whom and by	y what
-		_
16.	Please add any additional statements which you believe to be in	— mportant

17.	Are you willing to be interviewed by an investigator from our office?
	YES NO
18.	Are you willing to be a witness if proceedings are initiated by the
	Commissioner?
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YES	NO
19.	Places attack gaming of the fallowing degements if magainle.
19.	Please attach copies of the following documents, if possible: Stock Certificates
	Confirmations of stock purchases
	Canceled checks (front and back)
	Contracts
	Any correspondence related to the above
	Any advertising relating to the above
complaint knowledge	ertify that I have read the information contained in and attached to this and that all information I have given is accurate and complete to the best of my and belief. I will cooperate with the Division, but I understand that the staff are not my personal attorneys, and that I may seek private legal counsel on my .
Signature:	
Printed Na	me:
Date:	
Mail the c	completed form, along with any supporting documentation to:
Securities	Division
302 W Was	hington Street

Securities Division 302 W. Washington Street Room E-111 Indianapolis, IN 46204